

RISK REASSESSMENT OF ABUSE/NEGLECT

Department of Human Services

Caretaker Name:
Load Number:

PS Case Number:
Reassessment Date:

Score

R1. Number of prior assigned neglect complaints and/or findings		
a. One or less	0	
b. Two or more	2	
R2. Number of prior assigned abuse complaints and/or findings		
a. None.....	-1	
b. One or two prior complaint(s).....	0	
c. Three or more.....	1	
R3. Number of children in the household		
a. Two or less	0	
b. Three or more.....	1	
R4. New confirmed complaints of abuse/neglect in the past 90 days		
a. No	0	
b. Yes	2	
R5. Either caretaker has a current substance abuse problem		
a. No.....	0	
b. Yes	1	
c. Yes, and refuses treatment	2	
R6. Family is homeless (or about to be evicted) or children are not safe due to housing conditions		
a. No.....	0	
b. Yes	2	
R7. Primary caretaker is unable/unwilling to control impulses		
a. No.....	0	
b. Yes	2	
R8. Primary caretaker provides inadequate physical care and/or inadequate supervision of child		
a. No.....	0	
b. Yes (check all that apply)		
___ Provides inadequate physical care		
___ Provides inadequate supervision of child.....	2	
R9. Either caretaker is in a violent domestic relationship		
a. No.....	0	
b. Yes	2	
R10. Primary caretaker's progress in service plan and reduction of prioritized needs		
a. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan ..	-1	
b. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs	0	
c. Demonstrates at least partial progress in two or more prioritized needs	1	
d. Demonstrates poor progress in reducing two or of the more prioritized needs.....	2	
e. Refuses involvement or fails to participate in the service plan	4	
R11. Secondary caretaker's progress in service plan and reduction of prioritized needs		
a. Not applicable; only one caretaker in the household	0	
b. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan ..	-1	
c. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs	0	
d. Demonstrates at least partial progress in two or more prioritized needs	1	
e. Demonstrates poor progress in reducing two or more of the prioritized needs.....	2	
f. Refuses involvement or fails to participate in the service plan.....	4	

TOTAL SCORE

SCORED RISK LEVEL Assign the family's risk level based on the following chart:

Score	Risk Level
<input type="checkbox"/> -1 - 1	<input type="checkbox"/> Low
<input type="checkbox"/> 2 - 4	<input type="checkbox"/> Moderate
<input type="checkbox"/> 5 - 7	<input type="checkbox"/> High
<input type="checkbox"/> 8 +	<input type="checkbox"/> Intensive

OVERRIDES:

Mandatory: Override to intensive. Check appropriate reason.

- ☐ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
- ☐ 2. Cases with non-accidental physical injury to an infant.
- ☐ 3. Severe, non-accidental, physical injury requiring medical treatment or hospitalization and that seriously impairs the child's health or physical well-being
- ☐ 4. Death (previous or current) of a child/sibling as a result of abuse or neglect.

Discretionary:

- ☐ 5. Reason: _____

OVERRIDE RISK LEVEL

☐ LOW ☐ MODERATE ☐ HIGH ☐ INTENSIVE

Supervisor's Review/Approval of Discretionary Override _____ Date _____ / _____ / _____